

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52	/	/		
3		/					53	/			
4		/					54	/			
5	/						55		22		
6		/					56		22		
7		/					57				
8		/					58				
9		/					59				
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16	/						66				
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37	/						87				
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39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.		J		J		J	TOTAL IND.	B	J		J
TOTAL DEP.							TOTAL DEP.	45			J
TOTAL CLAIMS							TOTAL CLAIMS	58			